United Nations CRPD/C/PRT/Q/1/Add.1

Convention on the Rights of Persons with Disabilities

Distr.: General
21 January 2016

Original: English
English and Spanish only

Committee on the Rights of Persons with Disabilities
Fifteenth session
29 March-21 April 2016
Item 5 of the provisional agenda
Consideration of reports submitted by parties to the Convention under article 35

List of issues in relation to the initial report of Portugal

Addendum

Replies of Portugal to the list of issues*, **

[Date received: 10 December 2015]

* The present document is being issued without formal editing.
** The annexes to the present report are on file with the Secretariat and are available for consultation.

GE.16-00842(E)

Please recycle

List of Acronyms

CRPD	Convention on the Rights of Persons with Disabilities
CMR	Council of Ministers Resolution
CPLP	Community of Portuguese-Speaking Countries
EHIS	European Health Interview Survey
ESSPROS	European System of Integrated Social Protection Statistics
IEFP	Institute of Employment and Vocational Training
IGAI	Inspectorate General of Internal Administration
INE	Statistics Portugal
IPSS	Private Institutions of Social Solidarity
MTSSS	Ministry of Labour, Solidarity and Social Security
NCELS	National Council of Ethics for Life Sciences
NIPI	National Industrial Property Institute, IP
NIR	National Institute for Rehabilitation, IP
NHS	National Health Service
NDS	National Disability Strategy
NPMH	National Plan for Mental Health
PMACE	Portuguese Medical Association Code of Ethics
RTP	Public TV Network

A. Purpose and general obligations (arts. 1-4)

General obligations (art. 4)

Reply to the issues raised in paragraph 1 of the list of issues (CRPD/C/PRT/Q/1)

1. The current national legislation is undergoing an in-depth revision to meet the provisions contained in the CRPD. The Council of Ministers Resolution (CMR) 63/2015, of 25 August, provides for the amendment of several diplomas in order to strengthen the rights of persons with special needs.

2. The areas of the Civil Code subject to amendment are the following: the regime on incapacities and their suppression in order to strengthen the autonomy and the dignity of people with diminished capacity, the safeguard of rights, the guardianship and curatorship norms and the amendment of various laws bearing in mind a new regime on incapacities and their suppression.

3. The law of succession is also going to be reviewed in order to reinforce the protection of the elderly, in particular in regard to disabilities and lack of capacity in succession matters.

Reply to the issues raised in paragraph 2 of the list of issues

4. The execution rate of the National Disability Strategy 2011-2013 measures was 75.94%. Non-execution of the remaining 24,06% was due to budget constraints and to the extinction and merger of public offices.

- Disability and Discrimination – 84,62% (22 measures executed in a total of 26)
- Justice and exercise of rights – 94,12% (16 measures executed in a total of 16)
- Autonomy and Quality of Life – 72,22% (26 measures executed in a total of 36)
- Accessibility and design for all – 67,57% (25 measures executed in a total of 37)
- Administrative Modernization and Information Systems – 70,59% (12 measures executed in a total of 17)

5. A new strategy is being worked on and will be implemented until 2020. The II National Disability Strategy will have 5 lines of action and a total of 75 measures that are going to be implemented by the public administration services and civil society stakeholders.

6. The new strategy was drafted by a working group with representatives of all ministries and 5 NGOs working with disability issues.

7. Furthermore, the following measures were taken within the Ministry of Justice in order to implement the National Strategy on Disability (ENDEF):

(a) Training actions: during 2013/2014, circa 1032 trainees were involved in training activities for prosecutors, judges, court interpreters, court officials and other staff, in particular those assigned to customer service. These training activities included Portuguese Sign language;

(b) Publications: several publications were issued within the Ministry of Justice and within the Centre for Judicial Studies (e-books on children and youngsters that are in a situation of special vulnerability, stress, mental illness and suicide related to the work

environment and legal incapacities and disability). An e-book on compulsory custody and on Legal Sign Language is foreseen for 2015/2016;

(c) Support measures: the websites of several departments of the Ministry of Justice were designed with recourse to W3C and Wave Web accessibility Tool rules in order to facilitate access to people with different disabilities. Moreover, other departments acquired computers JAWS v13, specially adapted to the needs of employees with impaired vision. Also, a recruitment procedure for the Public Administration at the National Industrial Property Institute, IP (NIPI) had written tests in Braille in 2011. The Criminal Police website was certified with the accessibility symbol;

(d) Accessibility measures: all 25 Justice of Peace courts comply with the legal requirements related to accessibility. Moreover, 70% of Portuguese court facilities are equipped with accessibility features. Moreover, measures were taken within the Criminal Police to enable disabled people to fully participate in all aspects of life and grant them priority in the services provided to the public. Furthermore, the infrastructures were adapted and urban and architectonic barriers were removed. In 2014, the NIPI and the NIR awarded the Technological Innovation prize *Engenheiro Jaime Filipe*, designed to support the conception and development of materials that might facilitate, optimize and prolong disabled persons' physical, cognitive and social capacities.

Reply to the issues raised in paragraph 3 of the list of issues

8. The Portuguese National Human Rights Committee held a meeting with NGOs to discuss the draft report and to give NGOs an opportunity to make comments and drafting suggestions before the report was finalized. Furthermore, NGOs were encouraged to send "shadow reports" to the Committee.

Reply to the issues raised in paragraph 4 of the list of issues

9. During the period under consideration, there was no reduction in the funding and support of organizations of disabled persons.

10. Portugal seeks to increase the number of places available in social facilities for the disabled managed by IPSS and similar institutions through the negotiation of cooperation agreements.

11. Cooperation agreements that are currently in place between the Institute for Social Security (ISS) and organizations of persons working with disabilities are the following:

- Outpatient care services: 11, covering 1,242 users
- Occupational Activity Centres: 418, covering 13,078 users
- Information and support centres: 42, covering 1,526 users
- Residential Homes: 273, covering 5,753 users
- Home Support: 20, covering 289 users
- Autonomous residences: 55, covering 301 users

12. The amounts allocated to these cooperation agreements between 2011 and 2014 can be seen in the annex (table 1).

13. The number of existing cooperation agreements, the number of beneficiaries and the evolution of expenditure on cooperation agreements between 2011 and 2014 can be consulted in the annex (table 2).

14. A working group was established in 2011 to revise the regulation of social facilities, in order to increase the capacity and change/upgrade the staffing levels, while preserving the quality of the services:

- Two legal acts have been published regulating the operation of these types of facilities: Ordinance No. 59/2015 of 2 March, on Residential Home and Autonomous Residence and Ordinance No. 60/2015, of 2 March on Monitoring, Social Rehabilitation and Care Center for Persons with Disabilities and Inpairment (CAARPD).
- A proposal to amend the CAO (Occupational Activity Center) regulation was also drafted and is pending approval.

15. In addition, the NIR grants financial support for NGO's daily expenses and for specific projects and activities performed by NGOs (see annex, table 3).

B. Specific rights

Equality and non-discrimination (art. 5)

Reply to the issues raised in paragraph 5 of the list of issues

16. Portuguese legislation enshrines several provisions, in accordance to the principle of equality enshrined in Article 13 of the Constitution, aimed at protecting persons with disabilities against multi-dimensional discrimination.

17. Law No. 46/2006, of 28 August prohibits discrimination against people on grounds of disability and aggravated health risk, covering both direct and indirect discrimination. The practice of any discriminatory act is punished as an offense and accessory sanctions can be applied (arts. 9 and 10). The competent entity to receive discrimination complaints under this law is the INR. The INR is also in charge of issuing an annual report on the number of complaint procedures.

18. Article 5 deals with discriminatory practices in labour and employment other than those provided for in the Labour Code. These discriminatory practises are punishable in accordance with the administrative offenses regime set out in the Labour Code. It should be noted that when a discriminatory practise is punishable as an administrative offense and as a crime, criminal law provisions always apply.

19. A discriminatory act or practice can be punished as a crime in accordance with Article 240 of the Criminal Code, which criminalizes hatred propaganda and incitement to racial hate against individuals or communities on grounds of their race, ethnic origin, nationality, gender, sexual orientation or religion. Penalties can go from 6 months up to 8 years of imprisonment. This crime can be punished along with other crimes perpetrated on a discriminatory ground, such as aggravated murder (art. 132 of the Criminal Code) or physical injury (art. 145 of the Criminal Code). The applicable penalty will then result from the cumulus of the penalties applied to the criminal offences that were committed. Finally, the circumstance of committing a criminal offence against someone on grounds of their disability is always taken into account when defining the applicable criminal penalty and may determine its aggravation, in accordance with Article 71 of the Criminal Code.

20. Furthermore, according to Article 246 of the Criminal Code, any person convicted for the offences established in Article 240 may be temporarily deprived of his/her active and/or passive electoral capacity. Also, in case of homicide and offences to physical integrity, the commission of the crime on racial hatred grounds (including ethnical or national origin) is considered an aggravating circumstance.

21. Law No. 18/2004, of 11 May (transposing the Racial Equality Directive 2000/43/EC) sets the framework for combating discrimination on the grounds of racial or ethnic origin, with a view to fully implementing the principle of equal treatment. The Commission for Equality and Against Racial Discrimination (CEARD) is the responsible for receiving and analysing racial discrimination complaints. Administrative complaints of racial discrimination can be submitted to the CEARD by all citizens against a public authority, service or an individual person. The Commission is a specialised body chaired by the High Commissioner for Migration and includes representatives elected by the Parliament, Government appointed representatives, representatives from the employers' associations, trade unions, immigrants' associations, NGOs and civil society. A positive decision on a racial discrimination complaint results in the imposition of a fine that can go up to 5 minimum wages in the case of individual person(s), and up to 10 minimum wages in the case of Public Bodies/Companies. A revision of the anti-discrimination Law is currently underway.

22. Portuguese citizens can also submit complaints to the Portuguese Ombudsman, as a non-judicial mechanism of redress against violations of the principle of equality.

Reply to the issues raised in paragraph 6 of the list of issues

23. Law No. 46/2006 of 28 August defines discriminatory practices against persons with disabilities as all actions or omissions that violate the principle of equality. Article 5 states that the employer must assess the appropriate measures in order to enable the access of persons with disability to employment or vocational training, except when these measures entail disproportionate costs to the employer. Costs are never disproportionate when they are sufficiently compensated by State measures aimed at the professional integration of citizens with disabilities.

Women with disabilities (art. 6)

Reply to the issues raised in paragraph 7 of the list of issues

24. During the implementation of the IV National Equality Plan, several awareness raising and information campaigns on women with disabilities were carried out, focusing on topics such as participation, education, employment, violence and sexual education. The "Escola Alerta" contest, directed at teachers and students, was launched to encourage school communities to develop work on the rights of persons with disabilities, striving for the elimination of barriers and discrimination.

25. A weekly TV program dedicated to persons with disabilities ("CONSIGO") is broadcasted by Public TV Network (RTP). It intends to present good practices in prevention, capacity building, rehabilitation and participation of persons with disabilities as well as innovative social inclusion projects. It has broadcasted several projects about women with disabilities.

26. The IV National Plan against Domestic Violence (2011-2013) included a specific measure on the prevention of violence against persons with disabilities. The initiative *Significativo Azul*, launched in 2013, aims to ensure the safety of persons with intellectual disabilities and to prevent situations of violence against these persons.

27. The V National Plan for Gender Equality, Citizenship and Non-discrimination (2014-2017) includes measures No. 33) and 34) that aim to promote the prevention of discrimination against women with disabilities and develop awareness raising and training programmes directed at professionals who work with vulnerable populations, respectively.

28. The city of Lisbon adopted a Municipal Plan of Prevention of Domestic and Gender Violence which also includes a disability dimension.

29. The National Institute for Rehabilitation (NIR) and the NGO FENACERCI developed a project entitled "Roadmap for the Prevention of Abuse of People with Intellectual Disabilities and/or multiple Disability" available in English at http://www.fenacerci.pt/web/publicacoes/fenacerci.html.

30. Associations and universities have developed the following projects:

- The Portuguese Autism Federation developed a project about women with autism (in English at http://www.fpda.pt/autism-pink-international-conference-2014). This project was funded by the EU Lifelong Learning Program.
- The University of Coimbra developed a project entitled "Intimacy and Disability – sexual and reproductive citizenship of women with disabilities in Portugal", at (http://www.ces.uc.pt/projectos/intimidade/pages/pt/projeto/apresentacao.php). This project was funded by Fundação para a Ciência e Tecnologia of the Ministry of Science, Technology and Higher Education.

Reply to the issues raised in paragraph 8 of the list of issues

31. Pupils with special educational needs, regardless of their gender benefit from existing strategies to promote higher levels of education and increase access to rehabilitation services and employment (see answer to Question 20).

32. In the school year of 2014/2015, 38% of all students that were afforded special education support were girls with special education needs (source: DGEEC/MEC – 2014/15 data).

33. Women and girls with disability and other types of impairment are targeted by both specific and general measures aimed at addressing the issue of gender balance in the labour market. As an example, within the measure "Stimulus Employment" private companies can benefit from an increased financial support by the IEFP. When the person to be hired is of the least represented gender in the profession (less than 33.3%), an extra increase in the financial support is foreseen – 20% of the regular financial support of the measure when hiring for a limited period, and 30% when concluding permanent employment contracts and for conversion of limited period contracts into permanent contracts.

34. People under 18 with disabled dependents are entitled to the Social Integration Income.

Children with disabilities (art. 7)

Reply to the issues raised in paragraph 9 of the list of issues

35. The II National Disability Strategy (2014-2020) includes a measure on the promotion of the rights of children and youth with disabilities or disability in situations of risk. The objectives of this measure are to deepen the knowledge of children and youth with disabilities in dangerous situations in the framework of Youth and Children Protection Commission and to develop awareness actions on the exercise of the rights of children with disabilities.

36. A mechanism was created by the NIR, the Attorney General and the National Commission for Protection of Children and Youth at Risk for information sharing and reporting of suspicious situations involving children with disabilities.

Accessibility (art. 9)

Reply to the issues raised in paragraph 10 of the list of issues

37. The National Strategy for Housing (2015-2031) includes a measure on the promotion of accessibility to housing for persons with reduced mobility.

38. Decree-Law No. 163/2006, of 8 August, established a set of technical accessibility standards in public spaces, non-residential buildings, public facilities and residential buildings. In addition, it defines time frames for compliance according to the date of construction and fines and ancillary sanctions in case of non-compliance.

39. Furthermore, the Directorate-General for the Territory has adapted its website in accordance with the W3C document "Web Content Accessibility Guidelines 1.0".[1]

Equal recognition before the law (art. 12)

Reply to the issues raised in paragraph 11 of the list of issues

40. The Council of Ministers Resolution (CMR) 63/2015 proposes the amendment of various norms related to the guardianship and curatorship legal frameworks (please see the answer given to question 1).

Liberty and security of the person (art. 14)

Reply to the issues raised in paragraph 12 of the list of issues

41. At the moment, and in accordance with the evaluation of the competent authorities, Portugal does not see the need for a revision of the current legislation on the internment of "persons with mental disabilities".

42. The Mental Health Law (Law No. 36/98 of 24 July, amended by Law No. 101/99 of 26 July) regulates the compulsory internment of persons with psychic anomalies, particularly persons with mental disorders. Compulsory internment may only be determined as a last resource and when it is deemed proportional to the perilousness of the legally protected value in question. Restrictions on the patient's fundamental rights shall only be those strictly necessary and adequate for an effective treatment.

43. This law also establishes the general principles of mental health policy:

- The mental health care should be promoted at community level, in order to prevent the removal of patients from their community and to facilitate their rehabilitation and social inclusion;
- The mental health care should be the least restrictive possible;
- The treatment of persons with mental health should occur tendentiously in general hospitals;
- In cases where patients need psychosocial rehabilitation, this kind of care must be provided in residential facilities, day centre and units of training and professional reintegration, established in the patients community and adapted to the specific degree of autonomy of patients.

[1] Available at http://www.w3.org/TR/WAI-WEBCONTENT/, "A" level.

44. According to Article 20 of the Penal Code, one may not be held criminally responsible for an act committed while suffering, at the time of the act, from a mental disorder that has rendered him or her incapable of appreciating the nature and quality of the act or of knowing that it was wrong.

45. Article 91 of the Penal Code states that after a medical evaluation establishing criminal irresponsibility, the person may be compulsorily interned following court decision "whenever by reason of psychic anomaly and the severity of the fact committed, there is well-founded fear that it will commit other acts of the same kind". When the act committed by a person who is criminally irresponsible amounts to a crime against persons or of common danger punishable with an imprisonment penalty of more than five years, the admission has a minimum duration of three years, unless the release proves to be compatible with the requirements of legal order and social peace.

46. Decree-Law No. 8/2010 of 28 January creates a set of units and teams of mental health care for persons with severe mental health, psychosocial incapacity and who are in a dependency situation. It sets measures concerning the organization and coordination of multidisciplinary teams and units in order to improve medical and psychosocial care, rehabilitation and social inclusion of persons with psychosocial disabilities and to promote and strengthen their families' capacities.

47. The Public Security Police started implementing "Programa Significativo Azul" in September 2013, a programme designed to improve the security of especially vulnerable disabled people and to strengthen community-based support services for persons with disabilities. This programme, developed in cooperation with associations working with persons with disabilities, intends to reinforce the security of persons with mental and multiple disabilities as well as that of their caretakers.

48. The programme includes a training phase, an implementation phase and a monitoring phase. In the first cycle of the training phase, 6 training actions were carried out for 200 professionals working with disabled people from 77 institutions; in the second cycle, 5 training sessions were carried out for 330 police staff on disabilities and special needs of people living with disabilities.

49. The implementation phase included around 200 local partnerships between the police and local authorities. The monitoring phase takes place in an annual basis.

Freedom from torture and cruel, inhuman or degrading treatment or punishment (art. 15)

Reply to the issues raised in paragraph 13 of the list of issues

50. Prevention of torture and other cruel, inhuman or degrading treatment or punishment of persons with disabilities is ensured by numerous Portuguese authorities and prohibited and punished under several provisions of the Portuguese law.

51. All members of the police and security forces have specialized training on how to ensure the promotion and improvement of the security of vulnerable citizens, including citizens with disabilities, in addition to the general training on human rights.

52. Furthermore, prevention and repression of violations of the police forces' legal and professional obligations in regard to the promotion and respect for human rights is ensured by police inspective departments responsible for the investigation of facts and recommendations on the application of disciplinary sanctions to guards, police or inspectors. The application of disciplinary sanctions is decided by the Director of the Security Force in accordance with the legislation in force.

53. When a severe violation of human rights requires disciplinary and criminal measures, the case is sent to the public prosecution services for criminal proceedings.

54. The compliance of security forces and services' activities with the law is monitored by the General Inspectorate for Internal Affairs (IGAI), an independent body in charge of the inspection of all Security Forces. This body has competence to conduct non-announced visits to security forces and services facilities' country-wide. During these inspections, IGAI may make inquiries about complaints presented by persons with disabilities under detention.

55. New regulations of inspection procedures where recently approved in this regard (Regulation on procedures of inspection and monitoring of temporary detention centres or similar spaces and Regulation on the material conditions of detention in Prison Facilities).

56. The rights of immigrants with disabilities related to health and social support are protected under Law No. 23/2007, of 4 July, as revised by Law No. 29/2012, of 9 August. Similarly, asylum seekers and refugee candidates with disabilities are protected through specific provisions in Law No. 27/2008, of 30 June, as revised by Law No. 26/2014, of 5 May, that grant these categories of persons special rights in regards to medical and medication assistance and health and social support.

57. Health policy has a national scope and the Health Framework Law states that "special measures are taken regarding higher risk groups, like children, adolescents, pregnant women, elderly, persons with disabilities, drug addicts and workers whose profession so justifies".

58. All citizens admitted in a National Health Service (NHS) hospital through the emergency department may be accompanied by a person of his/her choice.

59. In addition to this regime, pregnant women, children, persons with disabilities, persons in a situation of dependency and persons with an incurable disease in an advanced stage or in the final stages of life are also entitled to be accompanied when admitted to a hospital.

60. The Portuguese Medical Association Code of Ethics (PMACE) recommends that physicians use of "particular solicitude and care with minors, the elderly and persons with disabilities, when families or other responsible people are not sufficiently capable or careful to deal with their health or assuring their well-being" (art. 52) and determines the adoption of protection measures whenever situations of abuse or ill-treatment are identified (art. 53).

Freedom from violence and abuse (art. 16)

Reply to the issues raised in paragraph 14 of the list of issues

61. In December 2014, the National Republican Guard launched the *Programme to Support Disabled People* (PAPcD), designed to protect the security rights of disabled people and of their care-takers. The PAPcd promotes the security of disabled people by focusing on the prevention of discrimination, negligence, abuse and ill-treatment and on the reduction of risks. This programme also intends to strengthen the co-responsibility of social partners working with disability-related issues and to encourage persons living with disabilities and civil society in general to report on crimes of violence committed against people with disability.

62. In 2015, PAPcD identified 5,449 persons with disabilities living alone or in isolation (2,575 women). Several awareness raising actions for persons with disabilities were conducted under the programme with the participation of 1,274 women.

63. Intervention strategies for victims particularly vulnerable to domestic violence, such as elderly people, immigrants, and disabled women were also developed under the IV National Plan to Combat Domestic Violence (2011/2013). A "Roadmap for the prevention of ill-treatment of people with intellectual disabilities or multiple disabilities" was published. The roadmap is an instrument of evaluation and diagnosis that raises the awareness of organizations and their staff to the prevention of abuse of persons with intellectual disabilities and/or multiple disabilities, with the ultimate goal of significantly reducing this social phenomenon by strengthening the partnership between organizations, disabled persons and families, and ensuring equal opportunities for persons with disabilities experiencing vulnerable security conditions. The document includes guidelines on the drafting of specific protocols for prevention and action in negligence, abuse, mistreatment and discrimination situations by relevant organizations.

64. The V National Plan to prevent and combat domestic and gender based violence (2014/2017) ensures that mechanisms are put in place at the district level in order to be close to particularly vulnerable victims such as the elderly and disabled people (there were 58 women with disabilities in shelters for victims of domestic violence between 2013 and the 1st semester of 2015). The Plan also provides for the creation of a handbook to support the training of professionals working with particularly vulnerable victims and the organization of training sessions on this matter.

65. Moreover, shelters for support and protection of victims of trafficking in human beings (from both genders) have already received persons with disabilities.

66. These interventions require follow-up work by multidisciplinary teams. Victims of domestic and gender based violence also have access to specific programmes to avoid re-victimization.

67. In regards to protection within the healthcare system, the Law on Mental Health (Law No. 36/98, of 24 July) recognizes the rights of the mental health services users (art. 5), including the right to information on the proposed treatment plan and expected effects; the right to receive treatment and protection with respect for the patient's individuality and dignity and the right to accept or refuse the proposed diagnostic and therapeutic interventions, except for the cases of compulsory admission or emergency situations where no intervention would create proven risks to the patient or to a third person. It also grants the mental health services user the right to enjoy decent living conditions, hygiene, nutrition, safety, respect and privacy in inpatient facilities and residential services.

68. The Health Action for Children and Youth at Risk (Order of the Minister of Health no. 31292/2008, of 5 December) structures the intervention of health services regarding violence against children and young people under 18 in different life contexts. Its objectives are the prevention of ill-treatment, the early detection of risk contexts and factors and warning signs. A referral to the National Protection System of Children and Youngsters at Risk, as well as to the organization of health services in order to facilitate the flow of information and concerted mechanisms for a timely response is always prescribed.

69. Order 6378/2013, of 16 May, issued by the Ministry of Health, created an integrated intervention model on interpersonal violence throughout the life cycle entitled "Health Action on Gender, Violence and Life Cycle". The project focuses on the protection of direct and indirect victims, seeking to change the behaviour-patterns of the perpetrator while stimulating the development of more balanced family dynamics.

Reply to the issues raised in paragraph 15 of the list of issues

70. Article 160 of the Penal Code makes no distinction between persons with and without disabilities in regards to trafficking in human beings. The law refers, nevertheless,

to the special vulnerability of children. Please see the law on the protection of witnesses and on the statute of the victims (Law No. 93/99, 14 of July).

71. Security Forces and Services are responsible for preventing and fighting trafficking in human beings. Several awareness raising actions of this specific kind of crime are developed with schools in order to raise awareness among children, youngsters, parents and teachers in order to prevent them from being victimized. Some of these actions concern the use of internet having in consideration the high degree of children and youngsters' exposure to and the widespread use of social networks by all vulnerable groups to this type of crime.

72. The Observatory on Trafficking on Human Beings is in charge of preventing and monitoring trafficking in human beings at national level.

73. Awareness raising and preventive actions (especially in the area of labour exploitation) have been implemented in certain regions of Portugal where seasonal agricultural activities take place. In some situations, persons with cognitive limitations and poor social relations are recruited for this kind of work, which makes this preventive work crucial in the protection of these persons.

Protecting the integrity of the person (art. 17)

Reply to the issues raised in paragraph 16 of the list of issues

74. The right to sexual education and access to family planning appointments is free of charge, as well as to contraception, without discrimination (Law No. 3/84, of 24 March, on sexual education and family).

75. Furthermore, voluntary sterilization can only be performed in adults over 25 years old with their written, clear and signed consent, unless sterilization is determined by therapeutic reasons. Patients are always informed of the consequences of the act, as well as of the identity and signature of the doctor performing the procedure.

76. Article 66 of the PMACE states: "1. Tubal ligation and vasectomy, irreversible methods of sterilisation, shall only be permitted at the patient's request and with his/her express, explicit full consent following detailed clarification of the methods' risk and irreversible nature"; "3. Physicians are expressly prohibited from practicing irreversible sterilisation methods at the request of the State or other third parties, or in any other way without the patient's fully informed consent which is freely given under no. 1 of this article"; "4. Irreversible sterilisation methods shall only be carried out in minors or the incapacitated following a duly grounded request to avoid severe risks to the life and health of the hypothetical children and always with prior legal consent".

77. More recently, Standard No. 15/2013 of the Directorate General for Health on "Informed, clear and free consent given in writing" determines that decisions on the health of a person who lacks capacity to decide must be authorized by his/her legal representative, health care proxy, an authority or a person or body provided for by law.

78. Technical Opinion of the NCELS No. 35, of 3 April 2001, on "Tubal ligation in children with deep mental disabilities" refers to tubal litigation as a measure of last resort that can only be performed following an authorization from the Juvenile Court based on a medical report, a report from the social security services on the conditions of the minor's family and the possibility to overcome the problems identified and the parents or legal representatives' declaration expressing their (dis)agreement on the intervention. The medical report must certify that there is no sterility, that mental retardation is deep and irreversible and that no non-surgical contraceptive method ensures the prevention of pregnancy and must be signed by physicians specialized in psychiatry, neurology, gynaecology and paediatrics.

79. There are specific measures adopted by the State Party to prohibit and prevent persons with disabilities from being subjected to processes of termination of pregnancy, namely: Article 38 of the Penal Code that determines that consent is only effective when given by someone over 16 years old and with the necessary discernment to judge the meaning and scope of the procedure at the time when consent is given.

80. The performance of an abortion without the pregnant woman's consent is punished with imprisonment of 2 to 8 years (art. 140 of the Penal Code).

81. Furthermore, Article 142(5) of the Penal Code states that when the pregnant woman is under 16 years old or mentally disabled, consent is provided by the legal representative, ascendant or descendant or by any relatives of the collateral line.

82. In regards to the rights of the mental health services users, Article 5 of Law No. 36/98, of 24 July recognizes the right to accept or refuse proposed diagnostic and therapeutic interventions, except for compulsory admission or emergency situations where no intervention would create proven risks for the patient or to a third person; the right not to be subjected to electroconvulsive therapy without prior written consent; the right to accept or refuse participation in research, clinical trials or training activities. The performance of psychosurgical interventions requires, in addition to prior written consent, the favourable written opinions of two psychiatrists appointed by the National Council for Mental Health. These rights shall be exercised by legal representatives when the patients are under 14 years old or do not possess the necessary discernment to judge the meaning and scope of the consent.

83. Medical interventions and treatments performed without the patient's informed consent are punished with a fine or an imprisonment penalty of up to 3 years (art. 156 of the Penal Code).

84. Finally, the law on the conduction of clinical trials of medicines for human use (Law No. 46/2004, of 19 August) also requires the clear and free consent of the participant, given in writing, signed and dated in order for participation to take place.

85. If the adult participant is incapable of giving his/her consent, the legal representative can authorize participation when a certain number of conditions are respected, including approval by a commission of ethics.

86. Portugal has ratified the 1997 Council of Europe Convention on Human Rights and Biomedicine, which entered into force in Portugal in 2001.

Living independently and being included in the community (art. 19)

Reply to the issues raised in paragraph 17 of the list of issues

87. Portugal has a National Programme for Mental Health and a National Plan for Mental Health (NPMH) 2007-2016, which is in line with WHO recommendations and UN Human Rights Conventions.

88. The country has a high prevalence rate of mental health diseases in Europe (23% of the population) and a significant proportion of the population with severe mental illness remains without access to mental health care.

89. Despite all difficulties arising from last years' economic crisis, the NPMH has already secured significant progress:

- The closing of psychiatric hospitals and the transfer of patients to community based structures allowed for a reduction of 40% of institutionalized patients in psychiatric hospitals.

- At the same time, there was an increase in the number of mental health services in general hospitals and community services for the seriously mentally ill, and new units for the provision of mental health care of children and adolescents were created.

90. The NHS provides mental health care through admission, day care and psychosocial rehabilitation using both public and social facilities.

91. Currently, the NHS runs 3 psychiatric hospitals and 41 mental health departments in general hospitals. 32 of these structures have specific units for children and adolescents. The social sector has 12 hospital units financed by and giving support to the NHS. Of these hospital facilities, 12 have psychosocial rehabilitation units.

92. There are also 4 life supported units (67 patients), 20 protected life units (119 patients), 4 autonomous life units (23 patients) and 29 socio-occupational *fora* (738 patients).

93. The NPMH includes several measures to develop new residential and socio-occupational structures and home support teams, for adults and children and adolescents, as part of the National Network of Integrated Continuous Care. The Programme foresees a network of long-term care facilities for persons with severe mental illness that is still on the pilot phase.

94. The II National Disability Strategy (2014-2020) the implementation of Structural Measure No. 2, on "Diversifying the offer of models of intervention services to Support Independent Living" with the goal to "encourage and foster the creation of community-based services to support persons with disabilities or disability in enabling processes and rehabilitation in their activities of daily living and social participation".

95. In October 2014, a coordinated group of public services working on inclusion and relevant NGOs started working on the definition of the profile of a personal assistant and its training.

Freedom of expression and opinion and access to information and communication (art. 21)

Reply to the issues raised in paragraph 18 of the list of issues

96. In 2014, a Plan defining the obligations of public service and private television operators concerning accessibility to TV programs was approved by the Portuguese Media Supervisor. Proposed measures on accessibility include subtitles, Portuguese sign language, audio description and accessible navigation menus focusing on information programs, fiction, documentaries and others.

97. Furthermore, the State's incentive regime to social communication (Decree-Law No. 23/2015 of 6 February) foresees incentives on accessibility to media, namely for projects and regional or local programs promoting or ensuring accessibility of persons with disabilities to media contents and ICT.

Respect for home and the family (art. 23)

Reply to the issues raised in paragraph 19 of the list of issues

98. The Portuguese Civil Code makes no distinction regarding family matters mentioned above. There is no legal discrimination in relation to marriage, family, maternity or

paternity and personal relations, exercise of parental rights, supervision and adoption of children.

Education (art. 24)

Reply to the issues raised in paragraph 20 of the list of issues

99. Portugal has an inclusive education policy. To date, less than 2% of the school population with special education needs attends segregated special schools.

100. The Ministry of Education and Science has a set of specialized responses in areas such as autism, multiple disabilities, deafness, blindness and early childhood intervention. Educationally adapted measures are provided as a sustained response for students with special needs in an inclusive, non- institutionalised environment.

101. Applicable measures include adjustments in teaching and learning methods defined in the Individual Education Program for Special Education Needs (SEN) for pupils attending regular schools, such as individual curricular adjustments, personalized pedagogical support, adjustments in the assessment process and individual specific curriculum.

102. Child and youngsters are placed in special schools only in cases of a total dependency or when public schools are unable to offer sustained responses. Institutionalized young people are completely subsidized with regard to tuition, meals and transport allowance and different kinds of therapy.

103. School clusters which are set as a reference for the bilingual education of deaf pupils provide specialised technicians to support those students (speech therapists, trainers and interpreters of Portuguese Sign Language).

104. All school clusters in Portugal are staffed with special education teachers and specialised technicians that provide support to students with permanent special educational needs. Over 600 of 811 school clusters have established action plans integrating Centres of Resources for Inclusion providing specialised therapeutic support within the schools themselves (speech and occupational therapy, physiotherapy and psychology).

Indicators

- The number of pupils with special education support in preschool education, primary and secondary education (mainstream education) has increased in recent years (annex, table 4).
- At the same time, the number of pupils in segregated special schools has decreased in recent years and currently, the percentage of pupils in special schools is 0,06% in relation to the overall number of pupils (see annex, table 5).
- The number of special education teachers placed in public mainstream schools has also increased (annex, table 6).
- Adjustments of the process of teaching and learning defined in the Individual Education Program for SEN pupils who attend regular schools, have been subjected to a close monitoring (annex, table 7).
- Portugal doesn't collect, on a regular basis, data related to students with disabilities that frequent High Education schools.

Measures

- A new accreditation process of Resource Centres for Inclusion (RCI) was carried out in 2013, that led to the enlargement of the national network – currently there are 90 RCI. The RCI are intended to support the inclusion of pupils with special educational needs in mainstream schools through technical experts, namely psychologists and therapists.
- Ordinance No. 201-C /2015 published on 10 July, aims at preparing the transition of pupils with severe disabilities, aged 15 or older, from school to a full and active adult life, and wherever possible to working life.
- Creation of Vocational Courses for low-achieving students in basic and secondary education and reduce early school leaving.
- Strengthening of Guidance and Psychology Services in regular schools: full coverage achieved in this period.
- Enlargement of Priority Intervention School Clusters (extra resources for equity and ESL prevention): 104 in 2012 and 137 in 2015.
- Allocation of 311 full-time teachers to all existing municipal commissions for the protection of children at risk.
- Special support measures for students that did not succeed in standard national exams (Legislative Order No. 6/2014).

Monitoring

- In 2014 the study "Evaluation of Public Policy: the RCI", allowed the identification of actions to improve the quality of the education provided to pupils with SEN.
- Following this study, Quality Indicators have been developed in order to support schools in their internal monitoring processes.
- Four publications were also produced, containing guidelines for partnership school/RCI, as well as for work to be done by psychologists and therapists in schools.
- The General-Inspection of Education and Science performs actions aimed at monitoring and evaluating how schools have implemented special education support, and the quality of work done in each school organization on a regular and ongoing basis.

Health (art. 25)

Reply to the issues raised in paragraph 21 of the list of issues

105. The NHS is universal and general in nature and its policies are accessible to all citizens, including those with disabilities. Article 64 of the Portuguese Constitution states that "Everyone has the right to the protection of health and the duty to defend and promote health".

106. In accordance with these principles, public health services do not refuse access to the NHS on grounds of nationality, lack of economic means or legal status.

107. Portuguese citizens and regular immigrants pay a user fee to access the NHS (€ 4 for a nursing appointment, € 5 for a family doctor appointment and € 7,75 for a medical specialty appointment). Nonetheless, several population groups such as children (<18), pregnant women and *in puerperium*, persons with 60% or higher degree of disability and

patients in a situation of proven economic insufficiency, as well as their dependents are exempted from this fee.

108. The non-emergency transport of NHS patients is free of charge when its necessity is duly justified and in cases of proven economic insufficiency, and almost free of charge in case of prolonged or continuous treatment.

109. Other free of charge healthcare services include: family planning appointments, including contraception; vaccination under the National immunization programme; appointments, outpatient treatments and additional means of diagnosis and treatment prescribed in the course of these appointments, regarding neurological and demyelinating degenerative diseases, muscular dystrophies, treatment of chronic pain, mental health, congenital deficiencies of coagulation factors, HIV/AIDS and diabetes.

110. Hospital Referral Networks (HRN) within the NHS ensure access to health care services and units by all patients. The country has HRN on Mental Health and Psychiatry, Psychiatry of Children and Adolescents, Neurology, Maternal and Child Health, including Paediatric Surgery, HIV/AIDS, Physical Medicine and Rehabilitation and Medical genetics.

111. The National Network of Integrated Continuous Care, created in 2006, provides continuous and integrated healthcare and social support to people who are in a situation of dependency. This Network includes specific residential units, socio-occupational units and home care teams dedicated to mental health patients. In 2015 a National Network of Palliative Care was created.

112. A National Strategy for Rare Diseases was also created, aimed at improving the coordination of care, access to early diagnosis and treatment; available clinical and epidemiological data and research, social inclusion and citizenship.

Habilitation and rehabilitation (art. 26)

Reply to the issues raised in paragraph 22 of the list of issues

113. The budget for assistive devices in 2015 is € 1.3480.000.00. Table 8 of the annex provides information concerning the years 2011 to 2013.

114. There is no data on the average waiting time to receive assistive devices. However, the Handbook of Procedures for the Funding of Assistive Devices sets a deadline of 60 consecutive days for the process of preparation, analysis and decision.

Work and employment (art. 27)

Reply to the issues raised in paragraph 23 of the list of issues

115. Persons with disability and impairment have access to the general employment and vocational training programs and measures and to a set of specific measures.

116. The specific needs of people with disability and impairment are addressed by a designated official in each IEFP local service. There is also an internet-based system of communication for deaf people and a face-to-face sign language service.

117. The professional integration of people with disability and impairment is one of the objectives delineated in Decree-Law No. 13/2015, of 26 January, that lays down the overall objectives and principles of the employment policy.

118. IEFP finances the remuneration of hired employees with disability and impairment under the "Employment (hiring) Support Program", and more specifically, under the

measure "Stimulus Employment". For permanent employment contracts, the financing is 110% of the Index of Social Support (ISS) multiplied by 12; for fixed-term contracts, 100% of the ISS multiplied by half of the entire number of months of the contract's duration, up to 6 times the ISS.

119. The "Program for Employment and Support to the Qualification of Persons with Disabilities and Impairments" (recently revised), has put the following measures into place:

- Support for qualification – initial and continuing vocational training actions provided in the context of regular training actions or in specifically tailored actions.
- Support for integration, maintenance and reintegration into the labour market.
    - Information, assessment and guidance for qualification and employment – Technical support provided by Resource Centres (RC) accredited by the IEFP to support appropriate vocational decisions and to provide information needed for that purpose. RC assess the functionality and impairment of the person and define the means and the support necessary to create definition the Personal Employment Plan. Attendants can benefit from financial support for travelling, food, accommodation, dependent care and insurance.
    - Support for placement – Technical support provided by RC to promote integration into the labour market through a mediation process with employers and by supporting the recipient in the active search for employment and self-employment.
    - Post placement monitoring – Technical support provided by RC in order to support the individual adaptation to the workplace, the integration into the social labour environment, the development of social and personal skills, and the accessibility and transportation to work.
    - Adaptation of the workplace and elimination of architectural barriers – IEFP finances: i) workplace adaptation – 100% of the adaptation costs in case of hiring, and 50% when keeping workers who have acquired disability. In both cases, the ceiling is 16 times the ISS. For traineeships, up to 8 times the ISS; ii) architectural barriers – 50% of the cost with the elimination, up to 16 times the ISS.
- Supported Employment (exercise of a professional or socially useful activity within an appropriate framework) has the following modalities:
    - Insertion traineeship – improves the profile of employability of persons with disability and impairment and promotes their professional integration. Includes a grant, food allowance, insurance, and travel expenses in certain circumstances (maximum duration of 12 months).
    - Insertion employment contract – enables the development of socially useful activities for people with disability and impairment in order to strengthen their relational and personal skills, enhance their self-esteem, and encourage work habits to promote and support transition into the labour market. Includes a grant, food allowance, insurance, and travel expenses in certain circumstances.
    - Sheltered employment (performed by people with disability and impairment, and reduced work ability specifically created Sheltered Employment Centres (*Centros de Emprego Protegido* – CEP). CEPs are production structures, with administrative and financial autonomy. They intend to provide people with disability, impairment and reduced work capacity with a place to exercise a professional occupation and to develop personal, social and

professional skills for future integration in a regular working environment or in a supported employment in the open market. The sheltered employment is directed to people with no less than 30% and no more than 75% of the normal working capacity of a regular worker in the same professional functions.

- Supported Employment in Open Market – Companies and other employers who close employment contracts with persons with disability and impairment whose working capacity is lower than that of a regular worker for the same job, can benefit from IEFP's financial support for those workers' remuneration and for the related compulsory taxes to be paid by the employer. IEFP's financing is done according to four levels (see annex, table 9).The *Program* also foresees the development of the concept "Brand Inclusive Employer". The establishment of the brand aims to promote public recognition and distinction of open and inclusive management practices developed by employers towards persons with disability and impairment.

120. To ensure regular monitoring of the implementation of the employment and vocational training policies addressed to people with disability and impairment, a "Forum for the Professional Integration" was established. This Forum consists of representatives from the IEFP and from organizations representative of entities that develop vocational rehabilitation activities.

121. In order to execute all available measures, IEFP's local employment and training services have the support of other dedicated structures: jointly-managed (IEFP and rehabilitation entities) Vocational Rehabilitation, Resources Centres, and Inclusive Professional Insertion. The IEFP can finance structural investments of these entities.

122. The IEFP also finances the total cost of acquisition of assistive devices where they are indispensable to access or maintain employment or career advancement, or even to enter or attend training.

123. In December 2014, 598,581 unemployed people were registered in IEFP employment and training services, of which 291,462 were men and 307,119 were women. Within this universe, 12,537 were persons with disability and impairment, of whom 7,668 were men and 4,869 were women.

Adequate standard of living and social protection (art. 28)

Reply to the issues raised in paragraph 24 of the list of issues

124. The legal framework regulating family benefits in the field of disability and dependence has had no changes since 2001.

125. The financial crisis and the austerity measures did not directly affect these benefits. Since 2009, as part of parenting, the maximum amount of allowance was increased to twice the value of the Social Support Index (2x € 419, 22 = € 838,44), which in 2008 corresponded to the amount of a national minimum wage, i.e. 426 euros.

126. Employment arrangements for persons with disabilities have also been made, most notably the amendment to the Employment Program and Support Qualification of Persons with Disabilities, by Decree-Law No. 108/2015, of 17 June.

127. The number of people with a bonus of child benefit for children and youth with disabilities increased by 2% between 2010 and October 2015. The average increase of this benefit by beneficiary was of 5% between the years of 2010 and 2014.

Reply to the issues raised in paragraph 25 of the list of issues

128. The following measures were taken:

(a) Investments of about one billion Euros were made in the last four years under the Social Emergency Program to reduce the social impact of austerity measures in the most vulnerable groups, in particular through the strengthening of the solidarity network of social institutions and improvement services such as child care, social canteens, homes for children and youth, among others;

(b) Approximately 100 new local social development contracts giving priority to the fight against child poverty will be signed. 20 million Euros have been allocated to partnerships between local authorities and social institutions to be implemented over the next two years;

(c) Increase of unemployment benefits for couples with dependent children to support the fight against child poverty;

(d) The possibility of re-evaluation of the child benefits echelon based on the returns for the last three months was introduced. The situation of about 51 thousand families was subsequently reevaluated in order to adapt their benefit situation to their real income;

(e) The National Early Intervention System in Childhood guaranteed a set of integrated support measures for children with disabilities from 0 to 6 years old child and family-centered, including preventive and rehabilitative measures in education, health and social action. These measures helped to increase the referral to the Local Intervention Teams;

(f) Extension of educational responses for pupils with permanent special educational needs who attend primary and secondary schools.

Reply to the issues raised in paragraph 26 of the list of issues

129. There are two kinds of financial support measures for disabled persons and their families – tax benefits and social security benefits. Additionally, there are other economic support benefits.

1. Tax benefits

130. According to the Portuguese law only a degree of permanent disability equal to or higher than 60% proven by a medical incapacity certificate is relevant for tax purposes. There are tax benefits for disabled persons in the following taxes: Personal Income Tax, Vehicle Tax, Value Added Tax and Road Tax.

1.1 Disability-Related Financial Support and Personal Income Tax

131. The handicapped taxpayers with a degree of permanent disability equal to or greater than 60% benefit from reductions in the withholding tax rates if their incomes derive from employments or retirement pensions. If they are self-employed, the tax is withheld only on 50% of their income and this limit can be lowered up to 25% when the income comes from intellectual property.

132. In 2015, people who have a degree of permanent disability equal to or greater than 60% or who have disabled dependents or disabled ascending relatives can deduct on their personal income tax:

- •€ 1.900 for a disabled taxpayer
- € 712,5 for a disabled child

- € 712,5 for disabled parents or grandparents
- 30% of all registered expenses with education and rehabilitation of the taxpayer and disabled dependents
- 25% of all life insurance premiums and contributions to mutual associations that exclusively cover death, disability or retirement risks

133. An amount of € 1,900 is also deductible to the taxable income for caring expenses for taxpayers or dependents with a permanent disability degree equal or higher than 90% (severe disablement allowance).

134. If the taxpayer has been injured or disabled while serving in the Armed Forces, his/her tax deduction rises up to € 2,375.

135. Only 90% of the gross income from dependent work, pensions and self-employment earned by disabled taxpayers is subject to tax but the exempted income cannot exceed € 2,500 by income category.

136. Finally, 25% of the expenditure on retirement homes can be deducted to the taxable income with an overall limit of € 403,75. This deduction includes expenditures on home care, nursing homes and elderly support institutions for the taxpayers as well as the costs of homes for persons with disabilities, their dependents, ascendants and collateral relatives up to the third degree who do not have incomes above the minimum wage.

1.2 Exemptions on Value Added Tax

137. The acquisition of tricycles, wheelchairs, with or without engine, passenger or mixed vehicles for personal use of the disabled taxpayer is exempt from VATupon request to the Portuguese Tax Authority.

1.3 Exemptions on Vehicle Tax

138. The vehicles for one's own use are exempt from Vehicle Tax if their users are:

- Persons with motor disabilities, over 18, with a degree of disability equal to or greater than 60%
- Disabled persons of the Armed Forces, with a degree of disability equal to or greater than 60% regardless of its nature
- Deep multi-disability persons with a disability degree equal to or higher than 90%
- Persons with disabilities moving only in wheelchairs and with a degree of disability equal to or greater than 60%
- Visually impaired persons with a degree of incapacity of 95%

1.4 Exemptions on Road Tax

139. Taxpayers with a degree of disability equal to or greater than 60% are exempt of this tax with regard to motorcycles and automobiles with their respective trailers. This exemption applies only to one vehicle by taxpayer and by year.

2. Family Benefits paid in case of disability and dependency

2.1 Family allowance for children and young persons – Increase in the family allowance for children and young persons due to disability

140. It is a compensation for the increased expenses arising from the condition of physical, organic, sensorial, motor or mental disability of descendants up to 24 years old who need pedagogic or therapeutic help.

2.1.1 Specific eligibility conditions

141. Psychic or physiological disability of descendants under 24 years old who need:

- Individualised educational help and/or specific therapy according to the nature and characteristics of their disability as a means of preventing its aggravation and of abolishing or softening its effects with a view to the social integration of those children.
- Attendance of specialised rehabilitation establishments.

2.1.2 Amounts

142. This allowance corresponds to an increase in the amount of the Family Benefit for Children and Young Persons and depends on age.

143. If the children or young people entitled to the allowance belong to a single parent household, there is an additional increase of 20% (see annex, table 10).

144. The single parent household is composed of those entitled to family allowance for children and young persons, plus an extra person, under certain conditions.

2.2 Special education allowance

145. Paid as a compensation for expenses arising from the application of specific measures of special education to disabled descendants under 24 years old, such as the attendance of special educational establishments involving a monthly fee, or education home assistance by a specialised profit-making institutions.

2.2.1 Specific eligibility conditions

- Descendants up to 24 years old with permanent reduction of their physical, organic, sensorial, motor or mental ability.
- Attendance of special educational establishments acknowledged by the Ministry of Education, or any other kind of help necessary for the rehabilitation of the descendant.

2.2.2 Amount

146. The amount of this allowance depends on the family's contribution towards special education based upon the family income.

2.3 Monthly lifelong benefit

147. It is a compensation for the increased expenses arising from the condition of physical, organic, sensorial, motor or mental disability of descendants over 24 years old, who are unable to finance themselves by carrying out an occupational activity.

2.3.1 Specific eligibility conditions

148. Severely disabled descendants over 24 years old who are unable to earn their own subsistence by carrying out an occupational activity.

2.3.2 Amount

149. € 176,76 per month.

150. This amount is increased by the extraordinary solidarity supplement of € 17,54 per month for pensioners less than 70 years old and € 35,06 for pensioners who are 70 or over.

2.4 Allowance for assistance of a third person

151. It is a compensation for the increased expenses arising from the condition of severely disabled descendants entitled to the family allowance for children and young people plus the increase due to disability or to monthly lifelong benefit who need the permanent help of a third person.

2.4.1 Specific eligibility conditions

152. Descendants entitled to the family allowance for children and young people plus the increase due to handicap or to monthly lifelong benefit, who are incapable of their own accord of successfully carrying out their basic needs and therefore need the permanent help of a third person.

2.4.2 Amount

153. € 88,37 per month.

154. For detailed information about the number of beneficiaries and allocated amounts by the type of benefit and reference year, please see tables 10, 11 and 12 of the annex.

155. The social security benefits are complemented by a network of establishments and services specially addressed to persons with disabilities, such as residential home, home help, free transportation of persons with disabilities, occupational support centre and others.

3. Other economic support measures

156. In addition to the tax benefits and social security benefits described above, disabled people also benefit from other measures, such as:

3.1 Lower interest rates in the access to credit for house purchase (Law No. 64/2014)

157. Loans given under this regime may be granted in the following situations:

- Purchase, construction, renovation and/or expansion of a permanent residential property
- Acquisition of land for the construction of a permanent residential property
- Improvements to residential buildings in order to comply with technical regulations regarding accessibility issues

158. The maximum amount of the loan is, for 2015, € 190.000. This amount is annually updated according to the index of consumer prices. The loan-to-value ratio cannot exceed 90% and the loans covered by this regime cannot exceed 50 years.

159. There is also a special regime for disabled people from the Army (Law No. 63/2014).

3.2 Furthermore, the following support measures are available:

(a) Support for succession in residential rental contracts, fixing the houses' rent and support under the rent subsidy;

(b) Exemption from user fees in the NHS;

(c) Measures created within the new EU budgetary framework, through the Portugal 2020 initiative, in particular in POISE (Operational Programme Employment and Social Inclusion), introducing models to support independent living and to give the disabled persons more autonomy;

(d) Creating a network of care for caregivers – support for parents and caregivers through self-help groups;

(e) Creation of proximity rehabilitation procedures – Network rehabilitation therapies for children / young people with disabilities in their family or within proximity.

Participation in political and public life (art. 29)

Reply to the issues raised in paragraph 27 of the list of issues

160. All national citizens have the right and duty to participate in the public political life, as long as they are legally old enough to do so, regardless of their health situation or condition.

161. Blind and partially sighted citizens are entitled to be accompanied by someone that supports them while voting. The use of Braille has been proposed, however this would require the revision of the Portuguese Constitution, which has not been possible to this date.

162. The Ministry of Internal Affairs has been cooperating with local authorities in the past years in order to raise awareness and stimulate the creation of the necessary conditions to allow persons with mobility limitations to have facilitated access to schools and other places where the electoral processes take place.

Participation in cultural life, recreation, leisure and sport (art. 30)

Reply to the issues raised in paragraph 28 of the list of issues

163. Portugal is currently conducting internal consultations on the ratification of the Marrakesh Treaty.

164. The Portuguese National Tourism Strategy foresees the following measures to make Portugal a tourist destination accessible to all:

- Creating conditions to receive tourists with special needs in tourist services
- Implementing programs to develop accessible tourist destinations
- Assuring that the information about accessibility is provided in all tourist services

165. Existing best practices within the national tourism value chain are the following:

Hospitality Industry

- Existence of a specific legislation on accessibility for all public use facilities and spaces
- Edition of the Best Practice Guide for Accessibility in the Hotel Sector

- Edition of the Portuguese Quality Standard on Accessibility in Hotels

Active Tourism

- Edition of the Best Practice Guide for Accessibility in Active Tourism: Digital guide with technical information for tourist companies to adapt their services of active tourism to people with specific needs

Public Spaces

- Accessible Beach Project "Beach for All": Program to provide the bathing areas for universal use. In 2015, 203 beaches received this award (33% of the Portuguese classified bathing areas)

Cultural Facilities

- The Cultural Heritage Directorate developed a training program for managers of cultural facilities, in order to adapt the cultural offer to visitors with specific needs

Accessible Tourism Training

- Development of the Training Package "Inclusive Tourism": it consists on training courses for students and professionals that provide knowledge on hospitality skills to receive and entertain people with special needs

Accessible Tourism Awareness

- Promotion of several awareness sessions for stakeholders to spread the accessible tourism business opportunities, provide networking and share the existent technical tools and best practices
- Framework Agreement with European Network for Accessible Tourism: share information and best practices; institutional cooperation

C. Specific obligations

Statistics and data collection (art. 31)

Reply to the issues raised in paragraph 29 of the list of issues

166. In 2012, a working project on disability statistics was initiated by the NIR, the MTSSS and Statistics Portugal (INE – "Instituto Nacional de Estatística").

167. Between 2013 and 2015 a task force was constituted to review the concepts in the area of health and impairments. The proposed concepts should be adapted to the terminology adopted in ICF and Portuguese national laws as well as other technical and legal documentation relevant. The questions related with disability and impairments adopted in Census 2011 were in conformity with the proposals made by the Washington Group on Disability Statistics.

168. INE collects statistical information from direct inquiries to families and also from administrative sources on persons with disabilities. After the ratification of the Convention on the Rights of Persons with Disabilities, INE collected the following information:

1. *Population and Housing Census 2011 (every 10 years):*

   - Daily difficulties in carrying out some activities due to health problems or due to age / aging (seeing, hearing, walking, etc.)

2. *Survey on Income and Living Conditions (annual)*

   EC Regulation 1177/2003

   - Limitation in usual activities because of illness / health problem
   - Permanently incapacitated and / or unfit for work
   - Monetary social benefits for disability protection

3. *Employment of People with Disabilities (2011)*

   EC Regulation 317/2010

   - Situation of people with disabilities in the labour market
   - Barriers in employment:
     - Difficulties in basic activities associated with health problems
     - Other personal/environmental reasons

4. *National Health Survey (2014/every five years)*

   EC Regulation 141/2013 concerning the EHIS

   - Physical and sensory limitations for the population aged 15 or older
   - Difficulties (limitations) at the level of personal care and household activities for the population aged 65 and older
   - Limitations to mobility within the home, to a chair or bedridden people (long term disability)

5. *Social Protection – Disability and disability*

   - Council Regulation EC 317/2010 SERPROS
   - 25 indicators, 11 from the ESSPROS

6. *European Health and Social Integration Survey*

   Conducted in Portugal, under Eurostat's guidance, between September 2012 and February 2013.

International cooperation (art. 32)

Reply to the issues raised in paragraph 30 of the list of issues

169. The international cooperation for the promotion of rights of persons with disabilities is developed in the Portuguese speaking countries. Portugal has participated in the drafting of the Program of Cooperation of Human Rights of Persons with Disabilities in the context of the CPLP.

170. In 2015, Portugal and Brazil signed a *Memorandum of Understanding* for dialogue, technical cooperation and exchange of good practices on the promotion of the rights of persons with disabilities.

171. Cape Verde has requested cooperation on disability issues. Portugal made an evaluation mission in Cape Verde in order to liaise with national authorities, NGOS, stakeholders and offices of UNDP, ILO, WHO and UNICEF. Currently Portugal and Cape Verde are working in a program for the next 4 years.

National implementation and monitoring (art. 33)

Reply to the issues raised in paragraph 31 of the list of issues

172. The independent mechanism was established by the CMR No. 68/2014, of 21 November. It is composed of 10 representatives from public entities and civil society organizations: one member of the Parliament, one member of the Ombudsman, one member of the Human Rights National Committee, one member of the Disability Commission, members of five NGOs working with disability issues and one person of renowned merit from the academia.

173. The process of designation of the 10 members of the mechanism was completed recently and it shall convene its first meeting soon.

174. Portugal's National Human Rights Institution is the Ombudsman. It plays a role in the monitoring of the Convention by being part of the independent mechanism.